<b>Attorney Docket</b>	No.	<b>BSG</b>	021	US
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•	Original Application PCT National Application				
_	U.S. Designated Office				
	Continuation or Divisional Application Continuation-in-Part Application				

## SUBSTITUTE COMBINED DECLARATION, POWER OF ATTORNEY AND PETITION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>COMPOSITIONS AND METHOD FOR TREATING NEUROPATHIC SENSORY LOSS</u>

which is described in the specification and claims		
attached hereto.		
filed on November 25, 2003		
Application Serial No. 10/722,737		
and was amended on		
☐ which is described in International Application No	(if applicable)	
filed	and as amended on	
		(if any)

which I have reviewed and for which I solicit a United States patent.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

## SUBSTITUTE COMBINED DECLARATION, POWER OF ATTORNEY AND PETITION (Page 2)

Attorney Docket No. BSG 021 US

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International Application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or of any PCT International Application having a filing date before that of the application on which priority is claimed:

Number	Country	Date of Filing (day,month,year)	Priority Claimed		
			☐ yes ☐ no		
			☐ yes ☐ no		
application(s) or §365( and, insofar as the sub	efit under Title 35, United States c) of any PCT International Appli ject matter of each of the claims of lication(s) in the manner provided	cation designating the United of this application is not disclos	States of America, listed belo sed in the prior United States		
60/429,208	26 November 20	102	Pending		
(Application Serial No.,					
(Application Serial No.	(Filing Date)	(Filing Date) (Status)(pa			
(Application Serial No.,	(Filing Date)	(Status)(pa	atented,pending,abandoned)		
(Application Serial No.,	(Filing Date)	(Status)(pa	(Status)(patented,pending,abandoned)		
35812 and the following	EY: As a named inventor, I herebg registered attorneys to prosecute Office connected therewith:  Reg. No. 33,167	y appoint the registered attorn e this application and transact	eys listed under <u>Customer No</u> all business in the United State		
SEND CORRESPONDENCE TO: Legal Department Endo Pharmaceuticals Inc. 100 Painters Drive Chadds Ford, PA 19317		DIRECT TELEPHONE CA ATTORNEY OF RECORD (610) 558-9800			

I hereby petition for grant of a United States Letters Patent on this invention.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent is sued thereon.

any patent issued thereon.					
1. FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE		DATE 05 April 6 H		
Bradley S. Galer	1 01717	Kiou iio		·	
RESIDENCE	CITIZENSHIP				
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POST OFFICE ADDRESS					
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POST OFFICE ADDRESS					
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4. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DAIL	
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RESIDENCE	CITIZ	ENSHIP			
POST OFFICE ADDRESS					
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5. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE	
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ny patent issued thereon.  1. FILL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE		DATE	
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RESIDENCE	CITZENSHIP			
West Chester, PA				
POST OFFICE ADDRESS 1740 Lenape Road, West Chester, PA 19382		OR'S SIGNATURE	DATE	
2. FULL NAME OF JOINT INVENTOR, IF ANY	INVENT	OK2 SIGNATOR		
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Robert J. Dworkin	cmz	NSHIP		
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A, FOLLIVANIA	l cmz	ENSHIP		
RESIDENCE	Gill	C.10; 2.		
POST OFFICE ADDRESS				
		INVENTOR'S SIGNATU	RE	DATE
5. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY		hea Elst Olso T.		
	cma	ENSHIP	•	
RESIDENCE				
POST OFFICE ADDRESS				
POST OFFICE ADDITION				